Facility:
Surveyor:
Pre-Survey Date:

Directions: Pre-Survey Preparation—Complete Assignments 1 through 3 independently. As part of Assignment 4, review what you have completed with your preceptor. Assignment 5 prompts you to document your plan independently for surveying Patient's Rights: Confidentiality of Patient Records during an upcoming survey. Review your plan for this survey of Patient's Rights: Confidentiality of Patient Records with your preceptor in Assignment 6.

Assignment	Answer
Assignment 1:	Answer:
In a short paragraph, document your	
understanding of this requirement. Do not	
look at the State Operations Manual (SOM)	
or other reference material before answering	
the question.	
Note: This is a benchmark of your current	
knowledge to review with your preceptor.	
This is not a recorded grade.	

Facility:
Surveyor:
Pre-Survey Date:

Assignment 2:	Answer:
	Allower.
Read the Condition of Participation (CoP)	
and related standards in the SOM. Remember	
to look for current (dated after the last	
revision of Appendix A) Survey &	
Certification (S&C) memos. Refer to the	
instructions in the "Helpful Links for	
Surveyors" document for guidance on	
comparing revision dates of the Tags in the	
SOM to issue dates of S&C memos.	
SOW to issue dates of seec memos.	
What is your understanding of this	
What is your understanding of this	
requirement now? Has your understanding	
changed since reading the SOM?	
Assignment 3:	Answer:
Describe what you think compliance with the	
CoP "looks like" in the facility. In other	
words, describe what you would find in the	
facility that is in compliance.	
y	

Facility:
Surveyor:
Pre-Survey Date:

Assignment 4:	Preceptor Review:
Review Assignments 1–3 with your	
preceptor. Clarify any questions or	
misunderstandings before moving on to	
Assignment 5.	
Assignment 5:	Survey Plan:
Consider what activities you will do in the	Observations (What do you want to observe/locations?)
field to determine compliance with the	
Patient's Rights: Confidentiality of Patient	
Records CoP and standards and document	
them. Reference the SOM as needed. These	
answers serve as your plan.	Interviews (Who would you interview and why? Formulate at least three pertinent
	questions.)
	Decree and Decree (What decree and all 2)
	Document Review (What documents do you want to see and why?)

Facility:	
Surveyor:	
Pre-Survey Date:	

Assignment 6:	Preceptor Review:
Meet with your preceptor. Present your plan	(Is the surveyor's plan adequate? What recommendations do you have?)
for survey. Discuss concerns and questions	
you might have.	
Final Pre-Survey Preparation:	Preceptor/New Surveyor: Comments/Plan/Other
Date of Survey:	
Survey Logistics (meeting place, time, etc.):	

Facility:
Surveyor:
Survey Date:

Directions: Post-Survey—Document your actual investigation on the Surveyor's Notes. After the survey, review your Surveyor's Notes with the preceptor and compare them to your original plan, then complete the following assignments.

Assignment	Answer
Assignment 7:	Answer:
What did you learn about surveying while at	
the facility? What Patient's Rights:	
Confidentiality of Patient Records questions	
do you have for your preceptor? Was your	
plan effective? What did you see as a	
challenge?	
Assignment 8:	Answer:
Document how you would write the	
statement of deficiency, if applicable,	
according to state agency policy.	

Facility:
Surveyor:
Survey Date:

Assignment 9:	Answer:
Review the actual Form CMS-2567 from this	
survey. Do you agree with the findings?	
Discuss any differences with your preceptor.	
Assignment 10:	Preceptor Review:
Review Assignments 7–10 with your	
preceptor. Clarify any questions or	
misunderstandings.	
Date of Survey:	
Location:	
Time:	

Facility:
Surveyor:
Survey Date:
Current Date:

Self-Assessment and Feedback Tool Patient's Rights: Confidentiality of Patient Records Hospital

Directions: Self-Assessment—Complete the self-evaluation form by filling in the New Surveyor column and give your self-evaluation to your preceptor. Use this time with your preceptor to review your self-evaluation and to seek and/or provide additional feedback. Identify any opportunities for further learning regarding the survey of Patient's Rights: Confidentiality of Patient Records within a hospital through a jointly developed action plan. Identify a timeframe to review your progress through the action plan. At the review date, meet with your preceptor to comment on each action item and identify any follow-up items if needed. Once all action items and follow-up items are complete on the action plan, document the completion date.

Requirements Being Surveyed (if applicable): Patient's Rights

Preceptor:
Brief Evaluation of New Surveyor Performance
Preceptor-Evaluated Learning Needs

Facility: Surveyor: Survey Date: Current Date:

Self-Assessment and Feedback Tool Patient's Rights: Confidentiality of Patient Records Hospital

Action Plan Development and Review

Action Item:	Review Comments:	Follow-Up Comments (if needed):
Developed Jointly by:	Date for Review:	Follow-Up Date (if needed):
Date Started:	Date Review Complete:	Date Action Plan Complete: